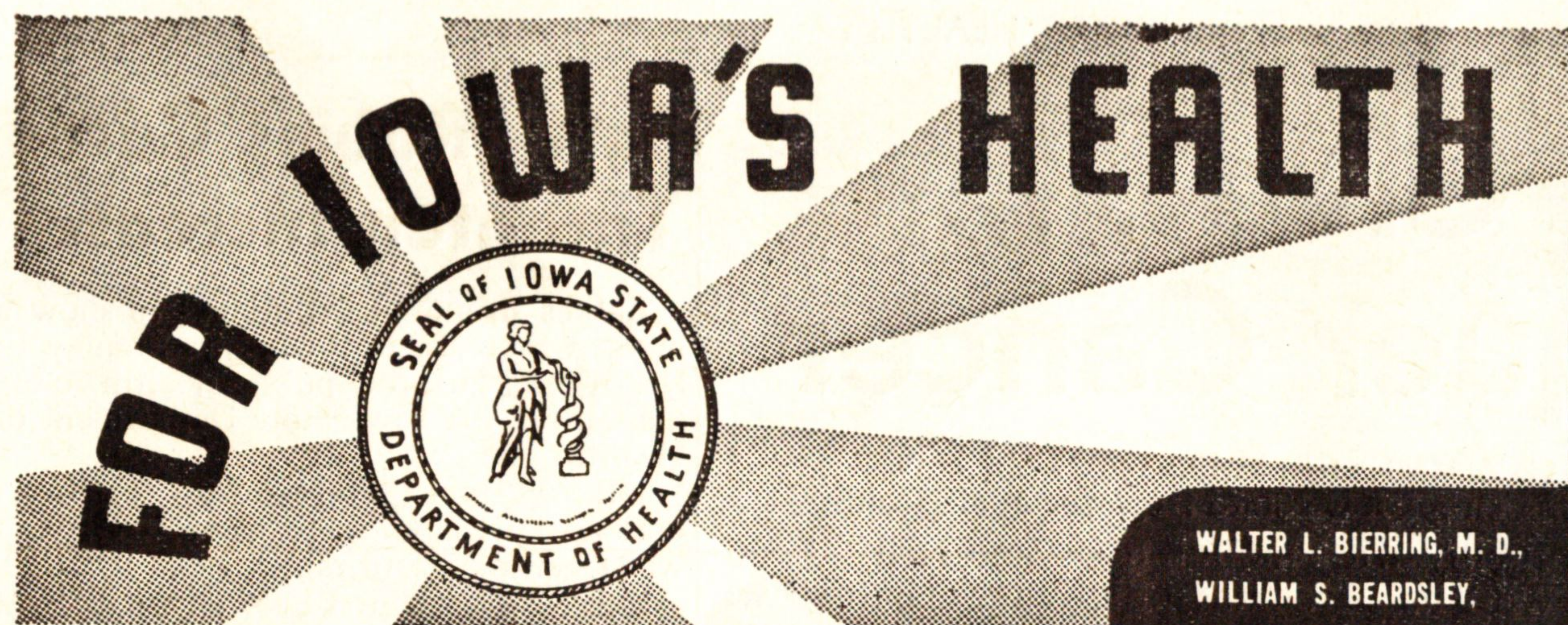




IOWA STATE  
DEPARTMENT  
OF HEALTH

WALTER L. BIERRING, M. D.,  
WILLIAM S. BEARDSLEY,

COMMISSIONER  
GOVERNOR

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## Heart Laboratory Open for Diagnosis

Diseases of the heart have held first place as cause of death in Iowa since 1919. In 1949, 9,050 persons died from some form of heart disease—about as many persons as live in Clarke County. Compared to all deaths reported in Iowa in 1949, 34.4 percent were due to diseases of the heart and circulatory system.

To fight this number one killer a new cardiovascular laboratory for the study of the heart and blood vessels has been established at the State University of Iowa college of medicine. The laboratory opened in late January.

### Planned Two Years

Equipped with complex, up-to-the-minute scientific instruments, this laboratory represents 2 years of planning, organizing, and obtaining funds.

Chiefly responsible for the establishment of the laboratory were Walter L. Bierring, M.D., Commissioner of Health in Iowa; the late Dean Mayo H. Soley of the college of medicine; William W. Bean, M.D., professor and head of the college's department of internal medicine, and Herbert W. Rathe, M.D., Waverly, 1950 president of the Iowa Heart Association.

### Dr. Culbertson, Director

Staffed with 15 doctors, research associates and laboratory technicians, the new laboratory is under the supervision of James W. Culbertson, M.D., who came to Iowa from Boston university school of medicine in December, 1949, to direct research in heart diseases.

Special diagnostic services will be performed by the laboratory for patients from both University hospitals and doctors throughout the state. If commonly-used methods of clinical diagnosis are inadequate, cardiovascular laboratory technicians will apply their highly specialized methods of diagnosis.

Dr. Culbertson said the hemodynamics—study of the “hydraulics of the circulatory system”—and electrical studies of heart action will be conducted in the laboratory.

The patient's blood pressure, vein pressure, pulse rate and breathing rate

### HEART LABORATORY

(Continued on page 4)



Precision instruments shown above aid heart diagnosis in the new cardiovascular laboratory at the State University of Iowa college of medicine. Calibrating an electronic, bio-physical recorder for use is Dr. William H. Ames. Etta M. Frink, secretary, assists with notations.

This instrument records blood pressure, vein pressure, pulse rate and breathing rate simultaneously. In the background, Ruth Brown, laboratory technician, prepares a “catheter” for laboratory use. The catheter is a small tube which is passed to the large chambers of the heart through an arm vein to measure internal blood pressure levels.

# In April, Give . . . To Conquer Cancer

By EDMUND G. ZIMMERER, M.D., M.P.H.

Director, Division of Cancer Control, Iowa State Department of Health

Income Tax day recurs annually with monotonous regularity. Likewise, the first of the month with its perennial bills is here before we realize its imminence—but some dates like certain anniversaries, and Christmas, and Easter, seem to lag as we look forward to them with happy anticipation. The rate of recurrence of such periods seems to depend upon how we regard them. Christmas to the lone mother, whose son is in Korea, may be just another day, but to the parent who looks forward to a happy family reunion, it is a glorious occasion to look forward to.

April has long been designated National Cancer Month, during which the American Cancer Society conducts an educational and fund-raising campaign. Doubtless there are a few disgruntled individuals who look upon it as just another demand upon their ebbing income. To them it seems to come quickly and often.

**But to most well-meaning people Cancer Month is a month of opportunity;** an opportunity to participate actively in the battle against a foe which takes more lives in a month than the Red forces have taken in all the dreary months of the Korean war.

They know through personal experience perhaps, the suffering caused by cancer; they follow the progress of researchers in their conquest bit by bit of the obstacles to complete knowledge of the diseases. They realize how much education has done to promote earlier recognition of the disease, and appreciate the progress that has been made, and how much more often cancer is cured today than it was but 20 years ago.

We cannot all engage in research; we haven't the training perhaps, but all of us are in favor of it, and Cancer Month gives us an opportunity to add our mite to the tremendous sums necessary to support research by those fitted for it.

**We should be aware too that aside from the money we are asked to contribute, that this campaign enables the Cancer Society to bring to the attention of vast numbers of people knowledge of the latest advances in cancer.** Not infrequently the reading of a single booklet, or the hearing of one talk on cancer, has resulted in examination and treatment that meant the saving of a life.

Let's associate Cancer Month with the bringing of comfort, and hope, and health to more and more people. Let's regard it as the month of opportunity to be welcomed because it enables us to do our part, great or small, as it may be, in conquering a dread disease. And in April, let us give of our means—of our service—of our moral support—to a great humanitarian cause. **But whatever we give, let it be given not grudgingly but from our hearts!**

## New Report Form For Brucellosis

Brucellosis reporting has never been better than fragmentary in Iowa despite the high numbers of cases reported in comparison with other states, says Ralph H. Heeren, M.D., director of the division of preventable diseases of the Iowa State Department of Health. Iowa had 549 cases of brucellosis reported in 1950.

Few cases are reported directly by physicians. No other laboratories doing brucellosis agglutination tests report their

positives regularly as do our State Hygienic Laboratories, he adds.

"Furthermore," Dr. Heeren points out, "many of the milder cases never consult their physicians regarding the illness."

A new case report blank for brucellosis to be sent out along with the laboratory report from the State Hygienic Laboratories contains questions only of a clinical nature and a request that the Iowa State Department of Health be permitted to write or talk to the patient to get the remainder of the information, such as sanitary conditions or the status of Bang's testing and follow-up on the patient's farm.

## Early Rabies Cases Threaten Increase

Rabies in animals continues to show a marked increase in Iowa, says Stanley L. Hendricks, D.V.M., public health veterinarian for the Iowa State Department of Health.

During 1950 there were 373 cases reported. This is an increase of 48 percent when compared to rabies cases in 1949.

Rabies is scattered over all sections of the state. The reports of cases for last year came from about three-fourths of all the counties. There were 13 counties that had 6 cases or more reported.

### Cases in Counties

These counties reported the following number of cases: Polk, 123; Story, 20; Webster, 15; Johnson, 14; Jasper, 9; Marshall, 9; Cedar, 9; Washington, 8; Dubuque, 6; Harrison, 6; Poweshiek, 6; Wright, 6; and Davis, 6.

Almost half of the cases were dogs with rabies, but there was quite a large number of cases among wild animals too. According to the reported cases, the skunk is the wild animal most frequently infected in Iowa. About 20 percent of all the rabid animals reported in the state are skunks.

The six cases in Dubuque County for 1950 are interesting in that they were all wild animals, reports Dr. Hendricks. In this county two raccoons, two foxes, one ground squirrel and one skunk were found rabid.

### Expect More in Spring

In January and February of this year 91 cases were reported for the state. Last year for the same period, there were 32 cases. If the pattern of previous years holds true, with more cases in the early spring months, there will be many rabid animals in Iowa during the next few months.

Several communities have had rabies control programs in effect. Dogs cause the greatest number of exposures of human beings to rabies, says Dr. Hendricks, so most of the efforts of control have been directed toward dog rabies. For example, all the dogs in Huxley, Iowa, have now been vaccinated for the third consecutive year.

### Combine Efforts

A concerted rabies control program is currently in effect in Webster County. The county-wide program was set up through the combined efforts of the county board of health, the boards of health of the various towns in the county, and the township officials.

The three main parts of the Webster County program are quarantine of all dogs, collection and humane disposal of stray and ownerless dogs, and the vaccination of all owned dogs. The decrease in the number of cases since the program started would indicate that it is producing results in controlling the disease, states Dr. Hendricks.

"A health council is a good thing for 'hypertension' in public health work. It's a clearing house of ideas and projects."

Mrs. Walter Anneberg

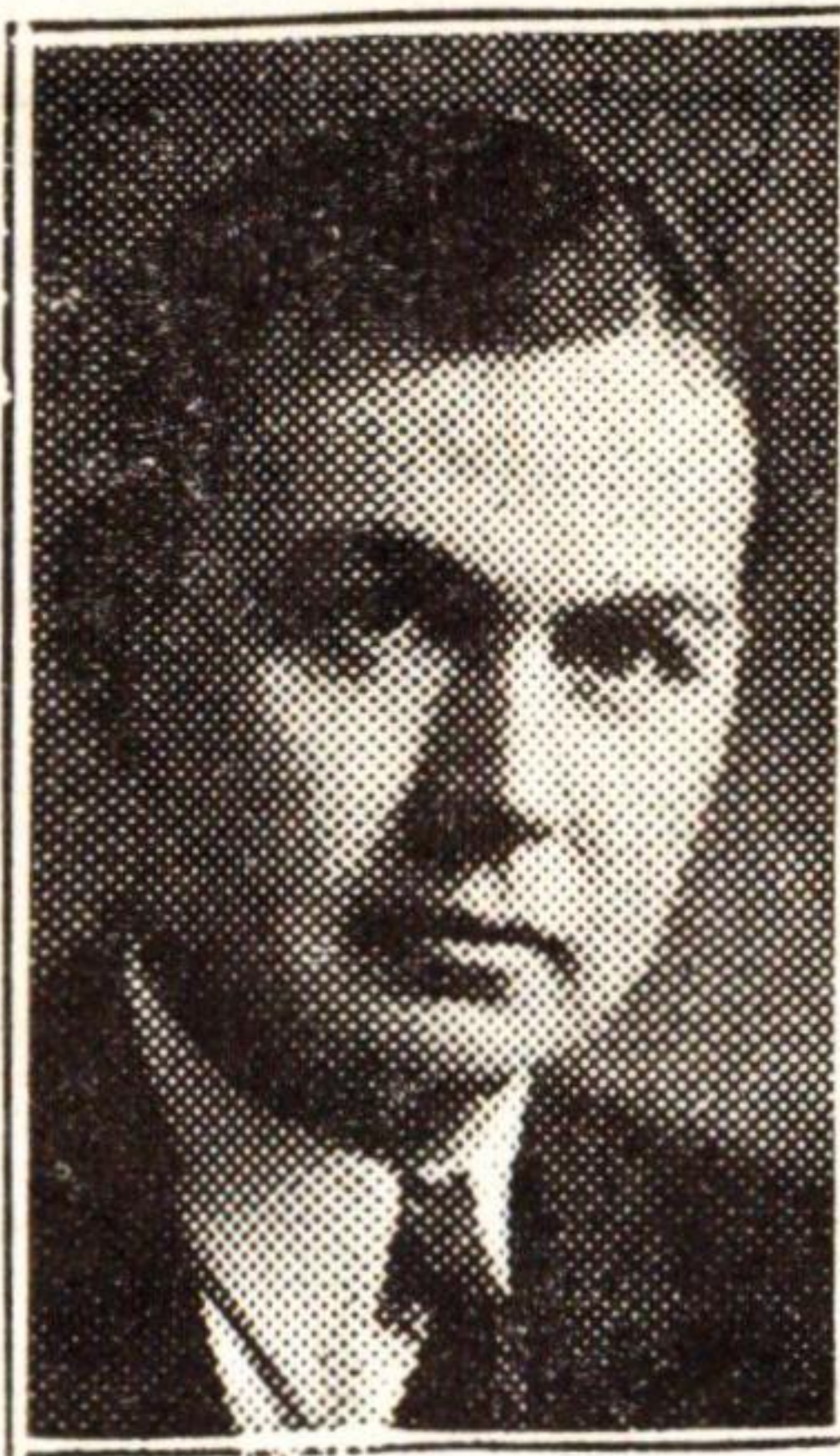
# Barbers' Standards Protect Iowans

## Barber Division Constantly Checks

With an increase in prices of barber services, John Q. Public is more observant of the manner in which his barber serves him, comments W. B. Wilson, director of the barber division of the Iowa State Department of Health.

This division has three men devoting full time inspecting the barbering facilities and actions of each of the licensed barbers in the 2,250 shops in Iowa. Between 7 and 8,000 inspections are made each year, about three times annually for each shop.

Sanitary laws for the practice of barbering have been in existence in Iowa since 1927, but there seem to be more complaints of violations lately. Mr. Wilson is quick to point out, however, that only a small percentage of the barbers are consistent violators of the law.



W. B. Wilson  
Director, Barber  
Division

### Continuous Sanitation Program

Several communicable diseases such as ringworm of the scalp, impetigo or tinea barbae ("barber's itch") could be spread by insanitary practices in a barber shop. A continuous sanitation program is carried on by the barber division to prevent the spread of these or similar diseases by careless methods in the barber shop.

Iowa is noted for the sanitary standards achieved and for the rigid examination of barbers applying for license. In fact, among the states, Iowa and California are called the two "toughest" states for the incompetent or insanitary barber.

The barber division keeps a record of every violation of the sanitary requirements, whether minor or serious. If a serious violation, immediate action is taken. If a minor violation is continually reported, then it becomes serious and appropriate action is immediately taken. If any barber is operating without a license, a warrant may be issued for his arrest.

### License Examinations

To get a license to practice as an apprentice barber, the applicant must first attend an accredited barber school for six months. There are three such schools in Iowa. Then the applicant takes an apprentice examination. If he is successful, a permit to practice as an apprentice to a licensed barber is issued. Following eighteen months' apprenticeship, he then takes a barber examination and if successful, is issued a regular license as a practicing barber. Last year there were 119 apprentice permits issued and 111

## CHECK YOUR BARBER

1. Do you see the sanitary rules of the Iowa State Department of Health and the current practice and shop licenses conspicuously posted?
2. Does the barber shop appear neat, tidy and generally clean?
3. Did the barber wash his hands before attending you?
4. Is the work stand clean and neat with no unnecessary items cluttering the space?
5. Were the combs removed from a container filled with an active disinfectant solution or from a sterile cabinet before they were used on your hair?
6. Did he protect your neck from the hair cloth with a paper neck strip or clean towel?
7. Were all towels and linens freshly laundered?
8. Did he use an individual brush or towel to remove loose hair?
9. Did he use liquid or powdered material to stop any possible cuts from bleeding? (Styptic pencils or lump alum are prohibited.)
10. Did the barber immediately place the linens he used in a soiled linen container?
11. Was the wash basin clean?

barber licenses. The license must be renewed each year.

The examining board in Iowa consists of three members appointed by the Governor. They are L. D. Hamilton, Sioux City; William Convey, Cedar Rapids; and L. W. Skinner, Council Bluffs.

Incidentally, the state of emergency following the Korean War has resulted in approximately fifty apprentice barbers being called into the armed services, notes Mr. Wilson.

Each new barber shop established in Iowa must first be inspected by the division before it is opened to the general public, and the license must be renewed annually. New shop licenses in 1950 totaled 141, and 159 shops were transferred by change of ownership.

### Main Purpose: Educate

The main purpose of the barber division is to educate for better sanitation in the shops. However, police power is provided when there are violations of the law.

"While the great majority of barbers are complying," Mr. Wilson states, "this police power is exercised when continuous violations or serious offenses occur."

"The Iowa citizen should be more observant. He has an important place in the program of barber shop sanitation. In the last 3 or 4 years we have had an epidemic of ringworm of the scalp, principally among school children. It is the opinion of public health officials that barbers can be most helpful in preventing further spread of the disease by following the requirements—especially in keeping the clippers free of loose hair and sweeping the loose hair from the floor frequently, also by placing soiled linens immediately in a container rather than leaving them on the lavatory or work shelves," says Mr. Wilson.

### Can't Diagnose

Barbers are warned by the division against depending upon their recognition of communicable diseases. As an example, ringworm of the scalp cannot be determined in the early stages unless a Wood Light or "black light" is used to discover the disease. Only a licensed physician can ably diagnose ringworm of the scalp. Therefore, it is imperative that the barber continuously observe sanitary practices in order to be on the safe side.

If you are in doubt about your barber's sanitary practices, run through this check list. If he violates any of the important sanitary regulations, remind him that your safety depends upon his competency and cleanliness. If he continues to disregard your warning, write the Barber Division Iowa State Department of Health, Des Moines 19, Iowa.

## Eleven Hospitals Soon Completed

A new hospital opened in Iowa during each of the first three months of 1951, reports the division of hospital services of the Iowa State Department of Health.

Van Buren County Memorial Hospital in Keosauqua opened January 24. It is a maternity and emergency hospital with 23 beds and cost \$275,985.97 complete.

On February 9 opening ceremonies were held for the Palmer Memorial Hospital in West Union. This new hospital adds 20 new beds; 1,209 hospital beds will eventually be ready when all the hospital projects planned now are completed in Iowa. The West Union hospital is also a maternity and emergency hospital and cost \$242,199.51 complete.

The Buena Vista County Hospital in Storm Lake, Iowa, opened March 12. This is a general hospital with 50 beds; and cost \$518,155.96 complete.

Each of these new hospitals was built with local funds, supplemented to the extent of one-third of the cost by federal hospital building funds.

Another hospital with 150 beds was opened in Waterloo, Iowa, March 16. This is the Schoitz Memorial Hospital, and it was built without federal aid.

Seven other hospitals are scheduled to be opened in April or early May, also reports the division of hospital services.

They include the Crawford County Memorial Hospital at Denison, the Ringgold County Hospital at Mount Ayr, the Rosary Hospital at Corning, the Sioux Center Community Hospital at Sioux Center, the Akron Community Hospital at Akron, the Story County Hospital in Nevada, and the Story City Municipal Hospital at Story City. The last two hospitals are being built without federal funds.

Write to the Division of Public Health Education, Iowa State Department of Health, for revised literature list "Home Health Library."

**HEART LABORATORY***(Continued from page 1)*

will be recorded simultaneously by a specially designed electronic, bio-physical recorder.

The relation of heart murmurs to heart beats can quickly be determined from recordings made by this instrument.

**Analyzes Samples**

Biochemical technicians will analyze blood and air samples to determine the content of vital gases, such as oxygen and carbon dioxide, before and after breathing. They will also study blood flow through the kidneys, liver and other internal organs to determine if these organs are functioning normally.

With attention directed primarily toward finding some of the basic causes of heart disease, the laboratory staff will also study the administration and value of newly discovered drugs for heart disorders and kidney diseases, which often develop from disorders of the heart and blood vessels.

**Study Treatments**

Emphasizing importance of the research function, Dr. Culbertson explained that finding causes was essential to devising remedies. Proposed treatments must also be studied, he declared, to see if they are both successful and suitable.

Dr. Culbertson explained that, although striking progress has been made in the field of heart surgery, the exact nature of a heart disorder must be known before surgery can be performed. Surgeons must know if the patient can be helped by surgery. This knowledge can best be obtained through highly specialized methods of diagnosis.

Also participating in the laboratory's work are Lewis E. January, M.D., associate professor of internal medicine; Walter M. Kirkendall, M.D., associate professor of internal medicine; Professor Steven M. Horvath, associate professor of physiology; and William H. Ames, M.D., instructor in internal medicine.

Initial grants of \$15,000 each were received last year from the Iowa Heart Association and the Iowa State Department of Health, with another \$14,000 contributed by the National Heart Institute of the United States Public Health Service.

Grants of the same amount were renewed this year by the Iowa Heart Association and the National Heart Institute, while the Iowa State Department of Health has pledged an undetermined sum for more equipment and expendable supplies.



This picture shows proper and improper types of headgear for youngsters attending school while being under treatment for ringworm of the scalp, says Ralph H. Heeren, M.D., director of the division of preventable diseases, Iowa State Department of Health.

The boy in the upper right is wearing a cap which does not meet the requirements in that all of the hair of the head is not covered. The boy wearing a black stocking cap also is improperly fitted, in that his cap is difficult to wash and sterilize daily. The helmet type of headgear worn by another boy is also difficult to clean and is unnecessary.

The white caps fitting over the entire scalp were made from patterns by the home economics classes of the school.

**Proper headgear for ringworm of the scalp covers the entire hair area and can be washed and sterilized easily each day.**

Girls seem to prefer the cotton bandana rather than the skull cap. These, if properly worn and cared for, are quite satisfactory, adds Dr. Heeren.

No new counties have reported ringworm epidemics recently, according to figures available in the division of preventable diseases.

**New Influenza Inoculation Reduces Painful Reactions**

A non-poisonous virus for inoculation against influenza has been developed in the bacteriology laboratory at the State University of Iowa college of medicine.

By using this virus to inoculate against influenza, university scientists claim, after-effects of inoculation are generally greatly reduced.

Dr. Albert P. McKee, associate profes-

sor of bacteriology, reported this new development in the February issue of the *Journal of Immunology*.

Dr. McKee is head of the Iowa Regional Influenza Laboratory. In cooperation with the World Health Organization, this laboratory serves as a reporting center for influenza researchers in Iowa, Minnesota, Missouri, North and South Dakota, Nebraska, Kansas, Wyoming and Colorado.

**FOR IOWA'S HEALTH**

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